

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6881</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Ruth</u> <u>E</u> <u>Marlin</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>2432 Sandwich Ct.</u> City <u>Crofton</u> State <u>Maryland</u> ZIP Code + 4 <u>21114</u>	4. Name, file number, and address of labor organization. Name <u>National Air Traffic Controllers Association</u> Labor Organization File Number <u>000-380</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1325 Massachusetts Ave, NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20005</u>
5. Position in labor organization. <u>Executive Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/10/05</u> Date	<u>202-220-9809</u> Telephone Number

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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**\$100**

**14.b. Amount of payment.**

Name of Person Filing Ruth Marlin

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## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Quinn Gillespie and Associates

Trade Name, if any:

P.O. Box, Bldg., Room No., if any fifth floor

Street 1133 Connecticut Ave&lt; NW

City Washington

State District of Columbia ZIP Code + 4 20036

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Firm provides strategic counsel, lobbying and advocacy for NATCA.

11.b. Approximate dollar value of such dealing.

\$350,000

## 12.a. Nature of interest held or income received.

No interest held or income recieved. On or about 2/18/04 a partner in the firm that does not service NATCA's account purchased dinner for me in Washington, DC. and on or about 12/20/04 I recieved a box of chocolates as a holiday gift from the firm.

12.b. Amount.

\$350

Name of Person Filing Ruth Marlin

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## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Fountain Blue Hilton

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4441 Collins Avenue

City Miami Beach

State Florida ZIP Code + 4 33140

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 11.a. Nature of such dealing.

Hotel has been selected as host hotel for NATCA 2008 Convention. Selection was made by convention delegates in 2004. National Officers do not vote in the selection process.

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

No interest held or income recieved. On or about 5/25/2004 I stayed at the hotel for a site inspection and meetign with the local NATCA convention committee. The hotel did not charge for the hotel room. It would have been reimbursable by NATCA.

## 12.b. Amount.

\$450

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Osborne Law Offices</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>suite 108</u></p> <p>Street <u>4301 Connecticut Ave, NW</u></p> <p>City <u>Washington</u></p> <p>State <u>District of Columbia</u> ZIP Code + 4 <u>20008</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p>Firm provides legal services to NATCA</p> <p>11.b. Approximate dollar value of such dealing. <u>\$250,000</u></p> <p>12.a. Nature of interest held or income received.</p> <p>No interest held or income recieved. On or about December 2004 i recieved a pointesettia plant as a christmas greeting from the firm.</p> <p>12.b. Amount. <u>\$60</u></p>

Name of Person Filing Ruth Marlin	File Number U-
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**Part B Continuation Page**

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<b>8. Name and address of Business (including trade name, if any).</b> Name Lockheed Martin Transportation and Security Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9231 Corporate Blvd. City Rockville State Maryland ZIP Code + 4 20850	<b>9. Business deals with:</b>  <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name Federal Aviation Administration Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 800 Independence Ave, SW City Washington State District of Columbia ZIP Code + 4 20591	<b>11.a. Nature of such dealing.</b> Company provides air traffic control equipment and support. Total value of such dealing is not known by filer.  <b>11.b. Approximate dollar value of such dealing.</b>  <b>12.a. Nature of interest held or income received.</b> No interest held or income recieved. On or about 8/25/2004 a representative of the company, and personal freind of mine, purchased my lunch. It is a common practice to alternate who pays as I had purchased his lunch on a prior occaision.  <b>12.b. Amount.</b> \$50